

Name
in
Full

Not Named Alexander

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Reseyn Sun		Month 5	Day 2	Years	Months	Days 12 hr
Date of death 1909	Sex male	Color or Race white	Age	Birth- place Md.	Occupation	
			Where Residing if not et place of death			
Married, Single or Widowed	Name of Wife or Husband			Father's Name Dand Alexander	Father's Birthplace Md	
Mother's Maiden Name Dna Green				Mother's Birthplace Pa		
Name of person giving Information Father				How related to deceased	—	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature birth

Immediate

Enchentur

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

How long

How long

151

John J. Stevens
Reseyn Sun



Name
in
Full

Mary Emma Barnett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at Colera	Coel				
Date of death 1909	Month May	Day 19	Years 42	Months	Days
Sex Female	Color or Race white	Birth-place Port Deposit Md			
Occupation Housekeeper	Where Residing if not at place of death Colera, West Nottingham				
Married, Single or Widowed Married	Name of Wife or Husband S Harvey Barnett				
Father's Name Joseph Edward Hines	Father's Birthplace Coel Co Mo				
Mother's Maiden Name Rose A Vickers	Mother's Birthplace Dorchester Co Md				
Name of person giving Information Mrs Rose A Taylor	How related to deceased Mother				

CAUSES OF DEATH

Primary Abortion. (End of 3 month)

Immediate Septicaemia (Exhaustion).

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Ernest Rowland

Liberty Grove Md

PHYSICIAN
OR CORONER

Accident or Suicide

137

How long

How long

5 day

1975
69
40

Name
in
Full

Irma May Benson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND			
Died at Chesapeake City	Cecil	Month	Day	Years	Months
Date of death 1909	5	23	Age	1	8
Sex Female	Color or Race	White	Birth-place	Chesapeake City	
Occupation Infant	Where Residing if not at place of death				at home
Married, Single or Widowed X	Name of Wife or Husband X		Father's Birthplace	Chesapeake City	
Father's Name Noble P Benson	Mother's Birthplace		Mother's Birthplace	Chesapeake City	
Mother's Maiden Name Ida May Allen	How related to deceased		How related to deceased	Mother	
Name of person giving Information Mr Noble Benson					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Meningeal Croup

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

McCloskey

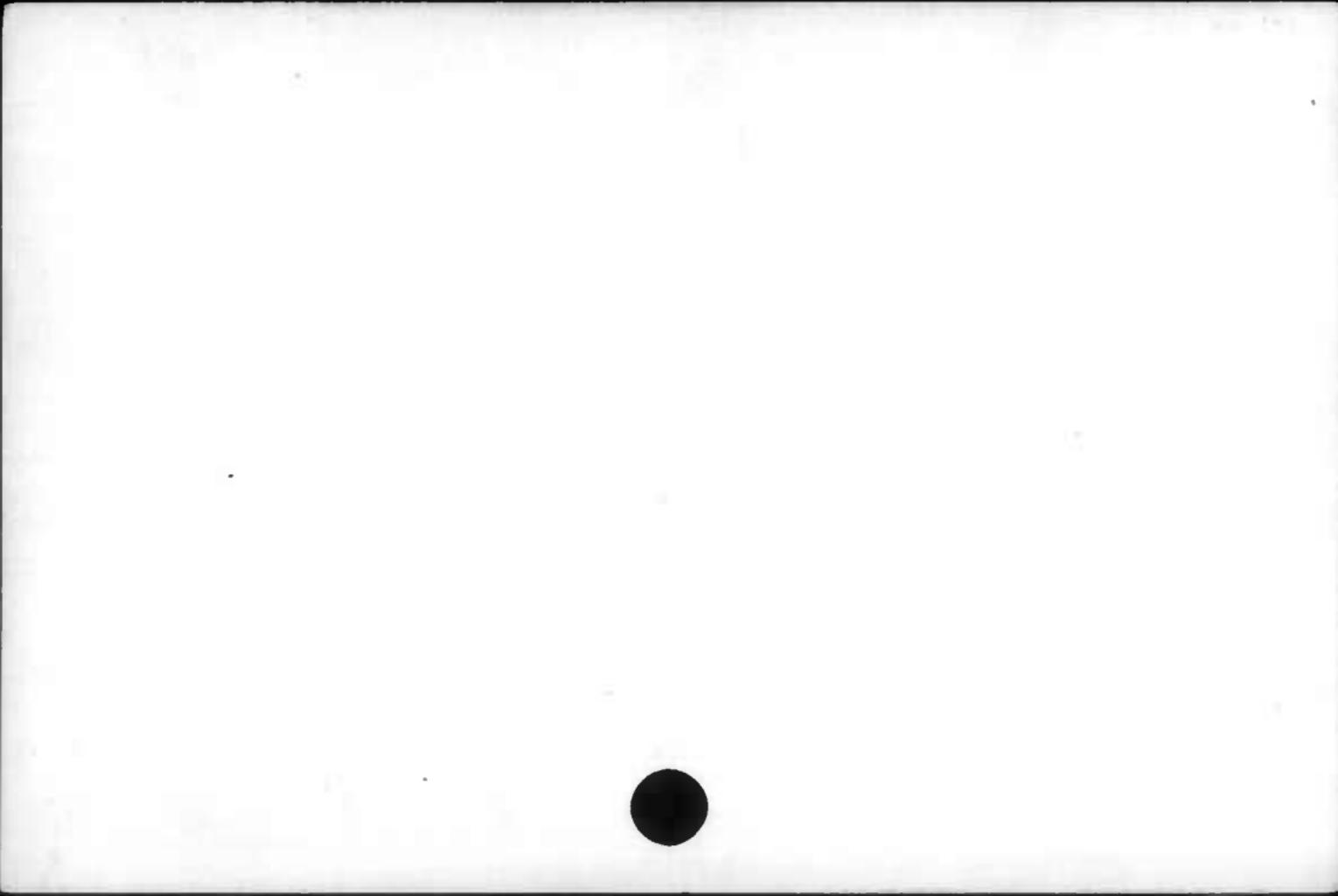
Chesapeake City

Accident or Suicide

(9)
How long

How long

24 hours



Name
in
Full

Mary J. Bidelle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town County MARYLAND
Elkton Cecil

Date Month Year Month Day

of death 1909 May 31 Age 74 Months Days

Sex Female Color or Birth-place Race Jay

Occupation Where Residing if not
Home - Retired dressmaker at place of death

Married, Single Name of Wife or Father's Birthplace
or Widowed Husband Mad

Father's Name John Bidelle Mad

Mother's Name Mary Birnen Mad

Name of person giving How related to deceased
Information

CAUSES OF DEATH

Primary Arterio Sclerosis Several years

Heart failure 3 mths

Immediate

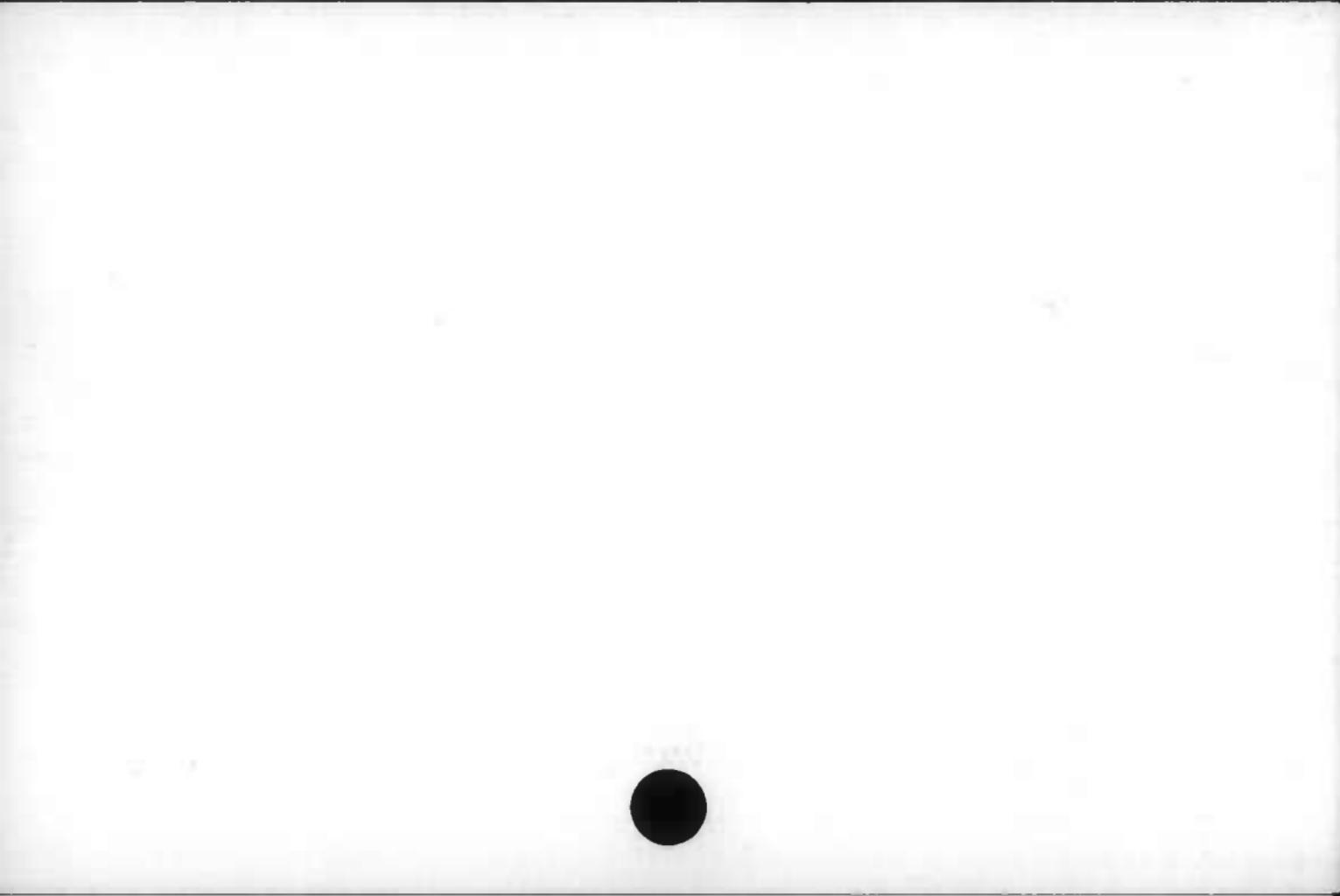
Are the name, age, sex, color, date
and place correctly given above? Yes

Signature of Physician H. Clinton Mitchell

Address Elkton Md.

PHYSICIAN
OR CORONER

Accident or Suicide Bethel



Name
in
Full

Mary F. Brady

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1909	Month 5	Day 18	Years 27	Months 11	Days -
Sex Female	Color or Race Palae	Birth-place Snow Hill.			
Occupation Wife	Where Residing if not at place of death -				
Married, Single or Widowed Married	Name of Wife or Husband Thomas Brady	Father's Name Eli Munson	Father's Birthplace Don't know		
Mother's Maiden Name Sarah Wright	Mother's Birthplace Penobscot	Name of person giving information Thomas Brady	How related to deceased Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Valvular Cardiac Disease
Paraplegia

How long

about 4 yrs.

Immediate

How long

3 weeks.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Clifford C. Lantz M.D.
Pleasanton City Mo.

Accident or Suicide



Name
in
Full

Amos H. S. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Conowingo		Town	County Cecil		MARYLAND	
Date of death 1909	Month 5	Day 17	Age	Years	Months	Days
Sex male	Color or Race Black	Where Residing if not at place of death Conowingo		Birthplace		
Occupation Infant						
Married, Single or Widowed	Name of Wife or Husband					
Father's Name Amos Brown			Father's Birthplace Conowingo Md.			
Mother's Maiden Name Farmer Peters			Mother's Birthplace Cecil Co.			
Name of person giving Information Amos Brown			How related to deceased Father			

CAUSES OF DEATH

145

Primary

Eczema & Scrofula.

How long

3 months

Immediate

Heart Failure

How long

✓

Are the name, age, sex, color, date and place correctly given above?

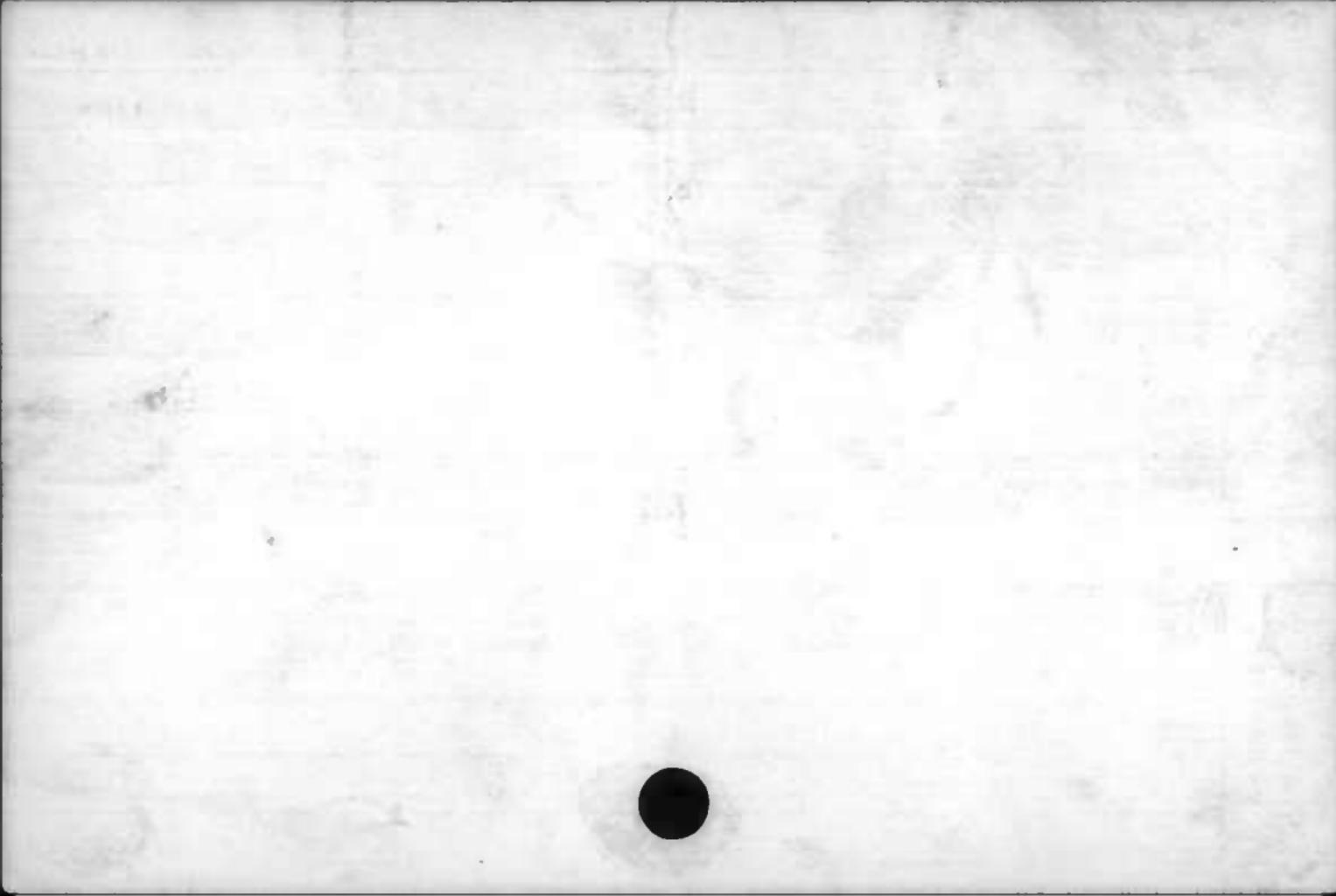
yes

Signature of Physician

Address

D.M. Ragan M.D.
Conowingo Md.

Accident or Suicide



Name
in
Full

Still Broom Bryan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

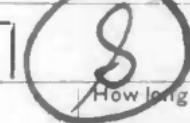
Died at	Town	Month	Day	Years	Months	Days
Date of death 1909	May	28	Age	=	-	-
Sex Female	Color or Race	White	Birth-place	North East		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Frank Bryan					
Mother's Maiden Name	Lizzie Wilson					
Name of person giving Information	Frank Bryan					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Still Broom



How long

Immediate

How long

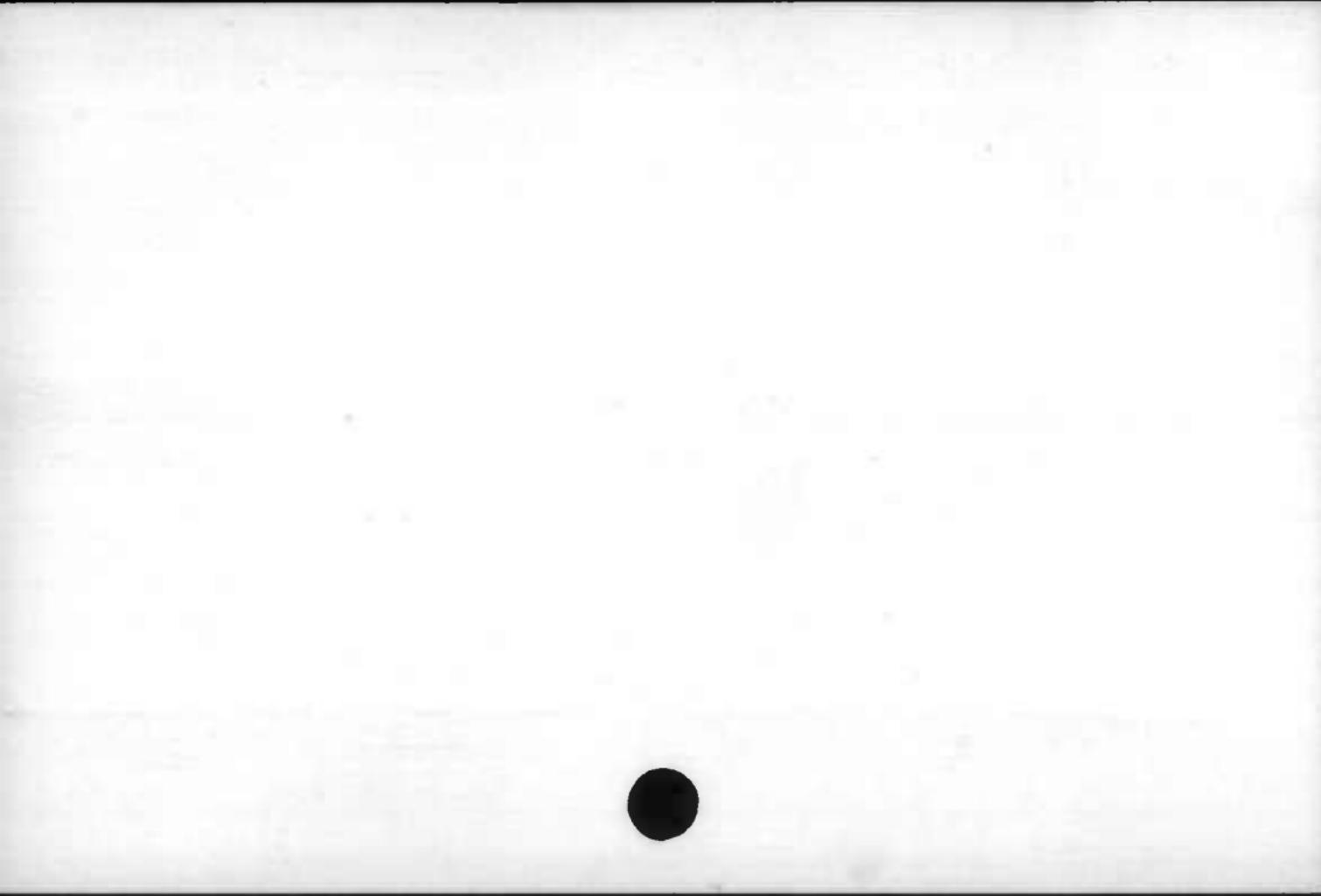
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

L J Hamill
North East
Md

Accident or Suicide



Name
in
Full

Bessie Carroll - +

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Back Creek	Cecil				
Date of death	Month	Day	Years	Monthe	Deys
1909	May	21	6	9	15
Sex	Female	Color or Race	Ptud.	Birth-place	Int Pleasant.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Sing	Name of Wife or Husband	Mather	Carroll	
Father's Name	Samuel	Bordley		Father's Birthplace	Back Creek
Mother's Maiden Name	Mather	Carroll		Mother's Birthplace	St. Leger
Name of person giving information	Sarah	Carroll		How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

(1.)

How long

17 days

Immediate

Yrs.

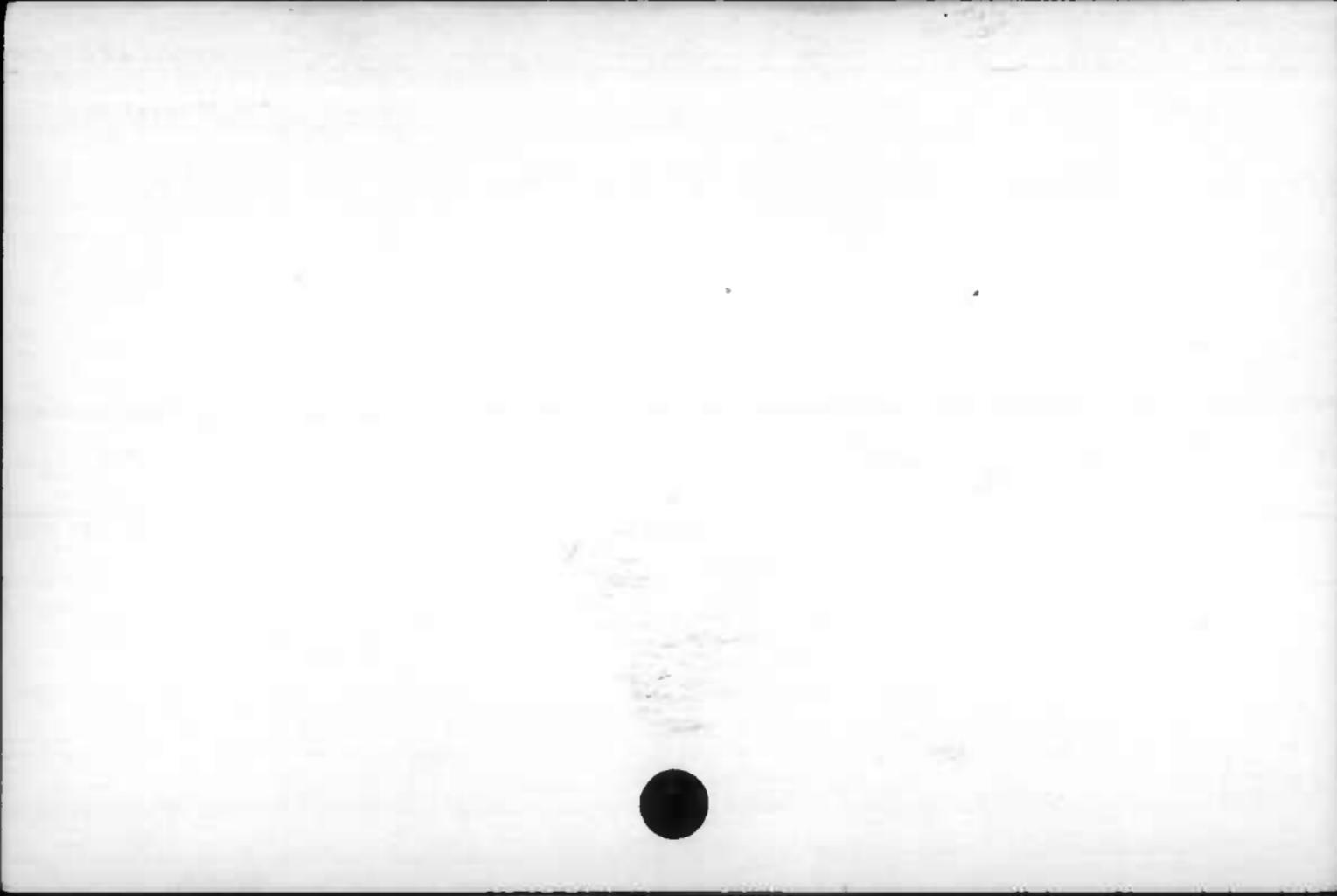
Clifton J. Law

Signature of Physician

Address

Bladensburg City
Md.

Accident or Suicide



Name
in
Full

Harold Swisher Childs +

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Rowlandville		County Cecil		MARYLAND	
Date of death 1909	Month May	Day 27	Age 11	Months 6	Days —
Sex Male	Color or Race white	Birth-place Elton, Md			
Occupation Student	Where Residing if not et place of death Rowlandville, Md				
Married, Single or Widowed Single	Name of Wife or Husband —		Father's Birthplace North Woodstock, Conn.		
Father's Name C. M. Childs	Mother's Birthplace Rowlandville, Md		Mother's Maiden Name Rosalie Swisher		
Name of person giving information Mrs. C. M. Childs	How related to deceased Mother				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Diabetes Mellitus

50

How long

9 months

Immediate

Ahaustion

7 days

Are the name, age, sex, color, date and place correctly given above?

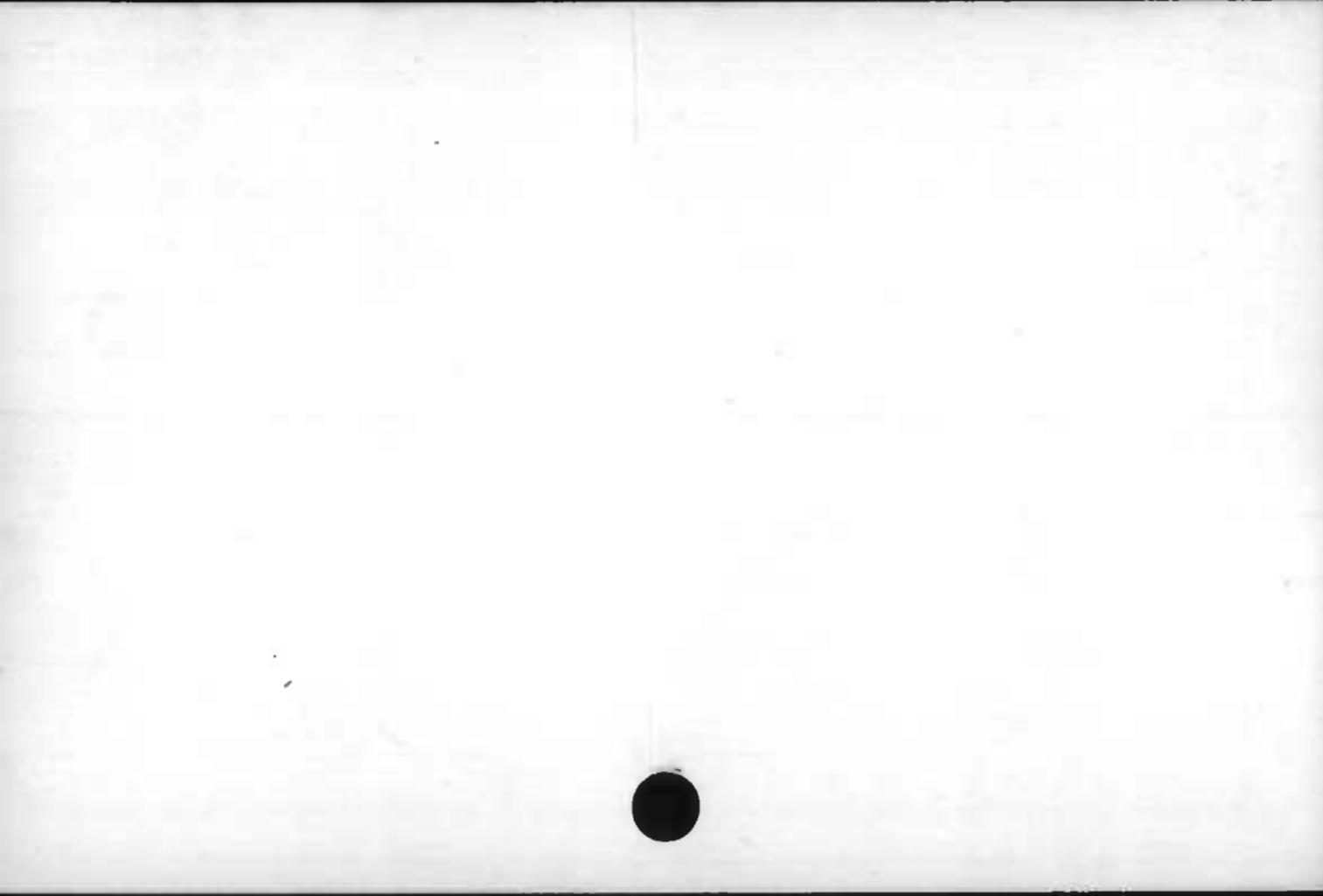
yes,

Signature of Physician

Address

Ernest Rowland
Liberty Grove
Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John B. Cleaves

Twn

Died at near Brown Hill

County

Cecil

CERTIFICATE OF DEATH

MARYLAND

Days

Date
of death 1909 Month May Day 27

Years

88

Months

9

Sex Male Color of Race white

Birth place

Maryland

Occupation Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Julia A Cleaves.

Father's
Name

Nathaniel Cleaves.

Father's
Birthplace

Scotland

Mother's
Maiden Name

not known

Mother's
Birthplace

Scotland

Name of person giving
Information

Julia D. Cleaves

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Arterio Scllerosis

81

How long

Several year

Immediate

Senile Exhaustion

10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

H. Arthur Mitchell Jr.
Elkton, Md.

Accident or Suicide

LET

Name
in
Full

Glades G crouch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age		Birthplace	
Occupation			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name	Stevens G crouch				Father's Birthplace	Elk neck
Mother's Maiden Name	Emma G caron				Mother's Birthplace	North East
Name of person giving Information	Stevens G crouch				How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Phthisis

27

How long

2 months

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

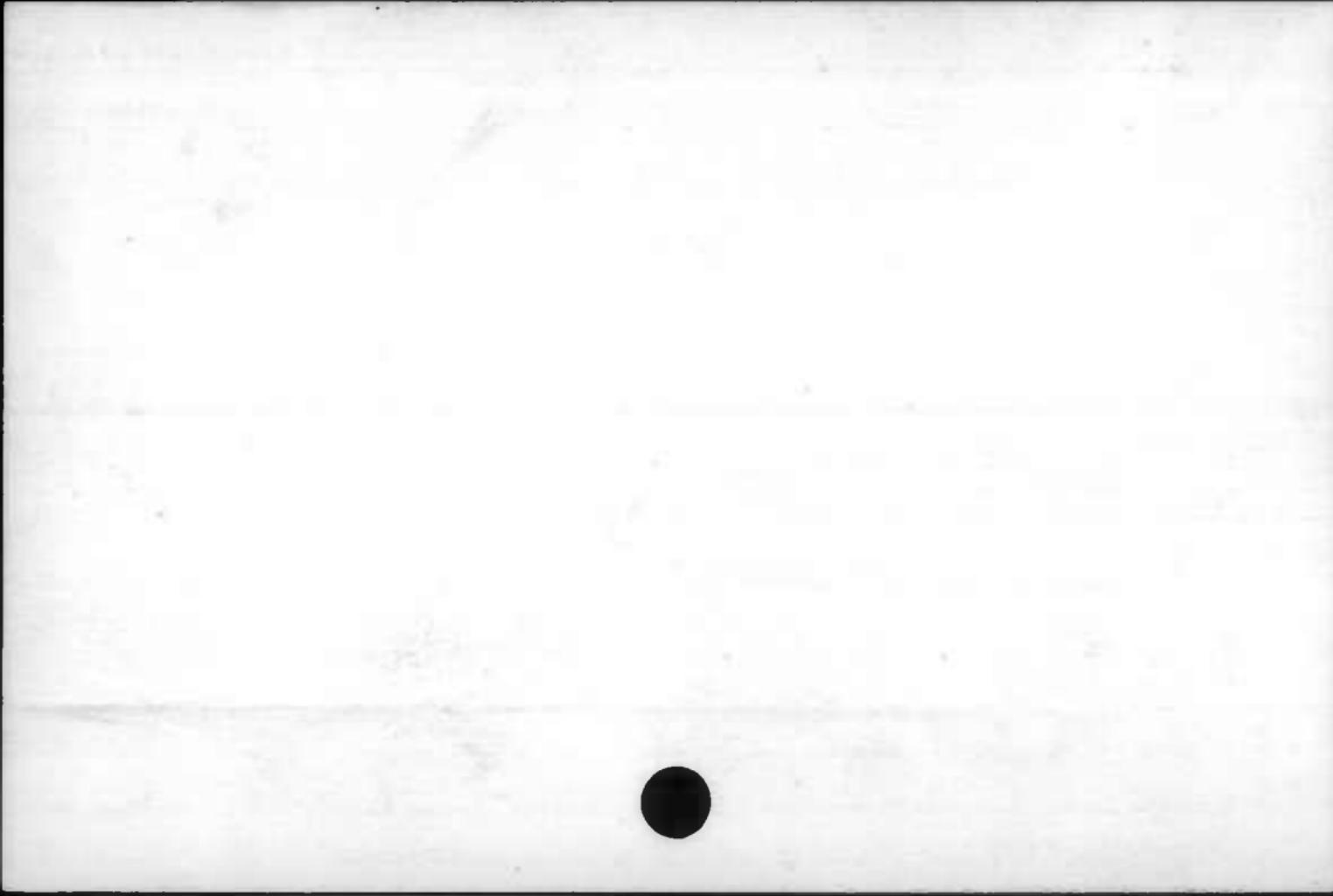
yes

Signature of Physician

Address

L F Hammick
North East
Md

Accident or Suicide



Name
in
Full

W P Cummings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

County

Port Deposit - Cecil

Date
of death

Month

Day

Years

Months

Days

1909 May 2

Age 58

11

-

Sex

Male

Color or
Race

White -

Birth-
place

Pennsylvania

Occupation

Levynman

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Annieb Cummings

Father's
Name

James Cummings

Father's
Birthplace

Mother's
Maiden Name

Jane St Caulder

Mother's
Birthplace

Name of person giving
Information

Annieb Cummings

How related
to deceased

Primary

Aphthy

64

Immediata

How long

12

hour

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

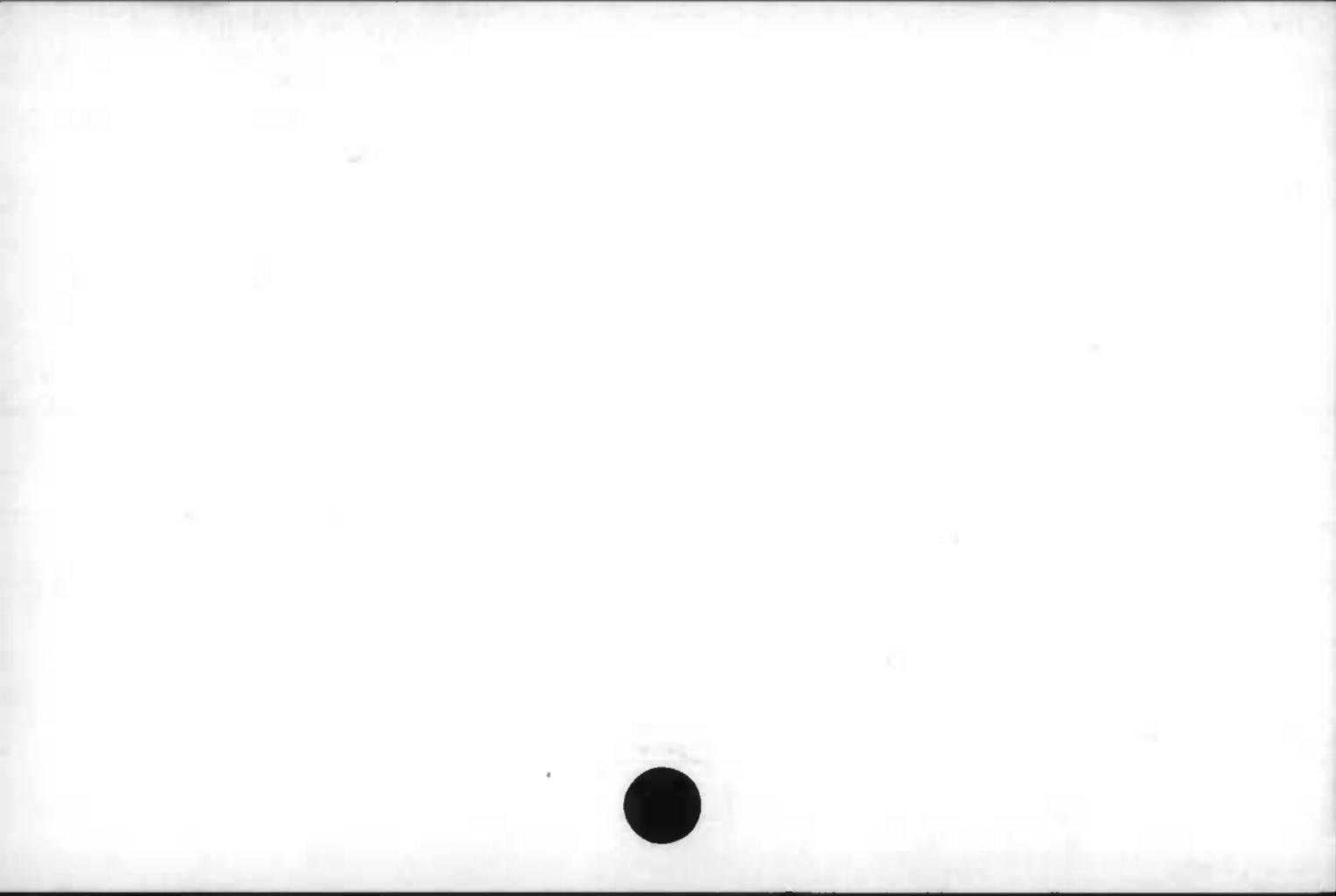
Address

W E Cummings

Port Deposit
Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Isaac T. England +

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	55
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Near Giov Md.	
Father's Name	Joseph T. England		
Mother's Maiden Name	Mary Ann Alexander		
Name of person giving Information	LeRoy England		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

21 Hours

Immediate

to

How long

Are the name, age, sex, color, date and place correctly given above?

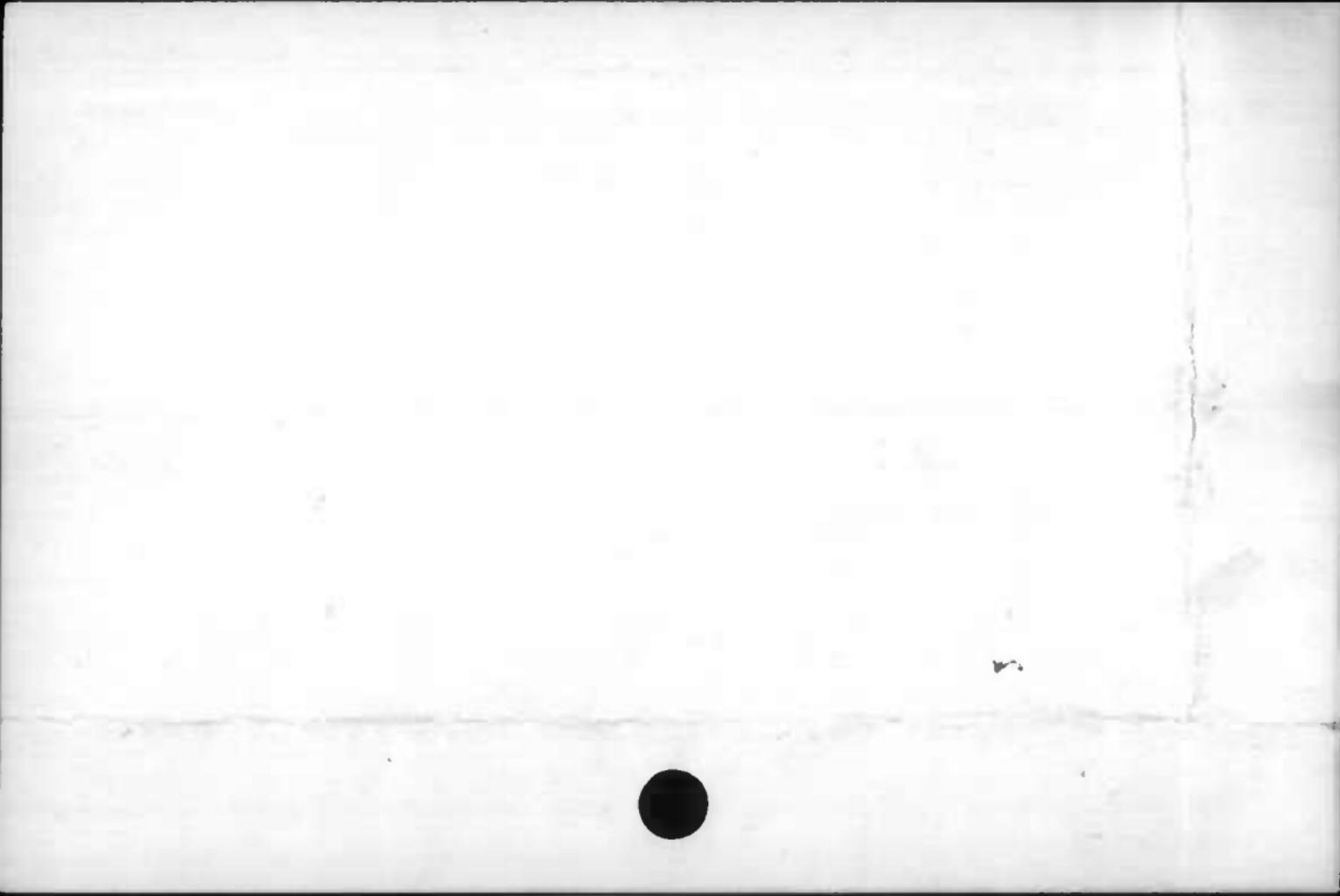
yes

Signature of Physician

Address

Dr. Richardson
Rising Sun
Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Farr

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Date
of death

1909

Month

5

Day

25

Years

32

Months

Days

Age

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Emma Farr

Father's
Name

James Farr

Father's
Birthplace

Ireland

Mother's
Maiden Name

Jane Moore

Mother's
Birthplace

"

Name of person giving
Information

Henry Farr

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Killed by Lars

166

How long

Immediate

Yes

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

John Farr Coroner
Eckertown, Md

Accident or Suicide

Accident

Chas White

Born

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>New Haven</u>		Town <u>Potowmick MD</u>	County <u>Duval</u>	MARYLAND		
Date of death <u>1909</u>	Month <u>May</u>	Day <u>21</u>	Age <u>19</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Potowmick</u>				
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>not married</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sarah Jordan</u>	Father's Name <u>Jacob Felt</u>	Father's Birthplace <u>Pa.</u>			
Mother's Maiden Name <u></u>		Mother's Birthplace <u>My</u>				
Name of person giving information <u>Jacob Felt</u>		How related to deceased <u>Father</u>				

CAUSES OF DEATH

169

PHYSICIAN
OR CORONER

Primary

Liver Disease Convulsions

How long

10 days

Immediate

Heart Failure

How long

3 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Accident or Suicide?

Address

Phoe. Co

Name
in
Full

Jane L. Freeman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Cecil			County	
Died at	Tea Earleville	Month	5	Day	22
Date of death	1909	Age	about 70	Years	Months
Sex	Femail	Color or Race	Colored	Birth-place	Kent Co. Md.
Occupation	House work				
Married, Single or Widewed	Widow	Name of Wife or Husband	Where Residing if not at place of death		
Father's Name	Richard Freeman				
Mother's Maiden Name	Not known				
Name of person giving Information	James W. Freeman				
How related to deceased Nephew					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Sa Gripe

10

How long

2 months

Immediate

Bronchitis & General Break down

How long

6 weeks

Are the name, age, sex, color, date and place correctly given above?

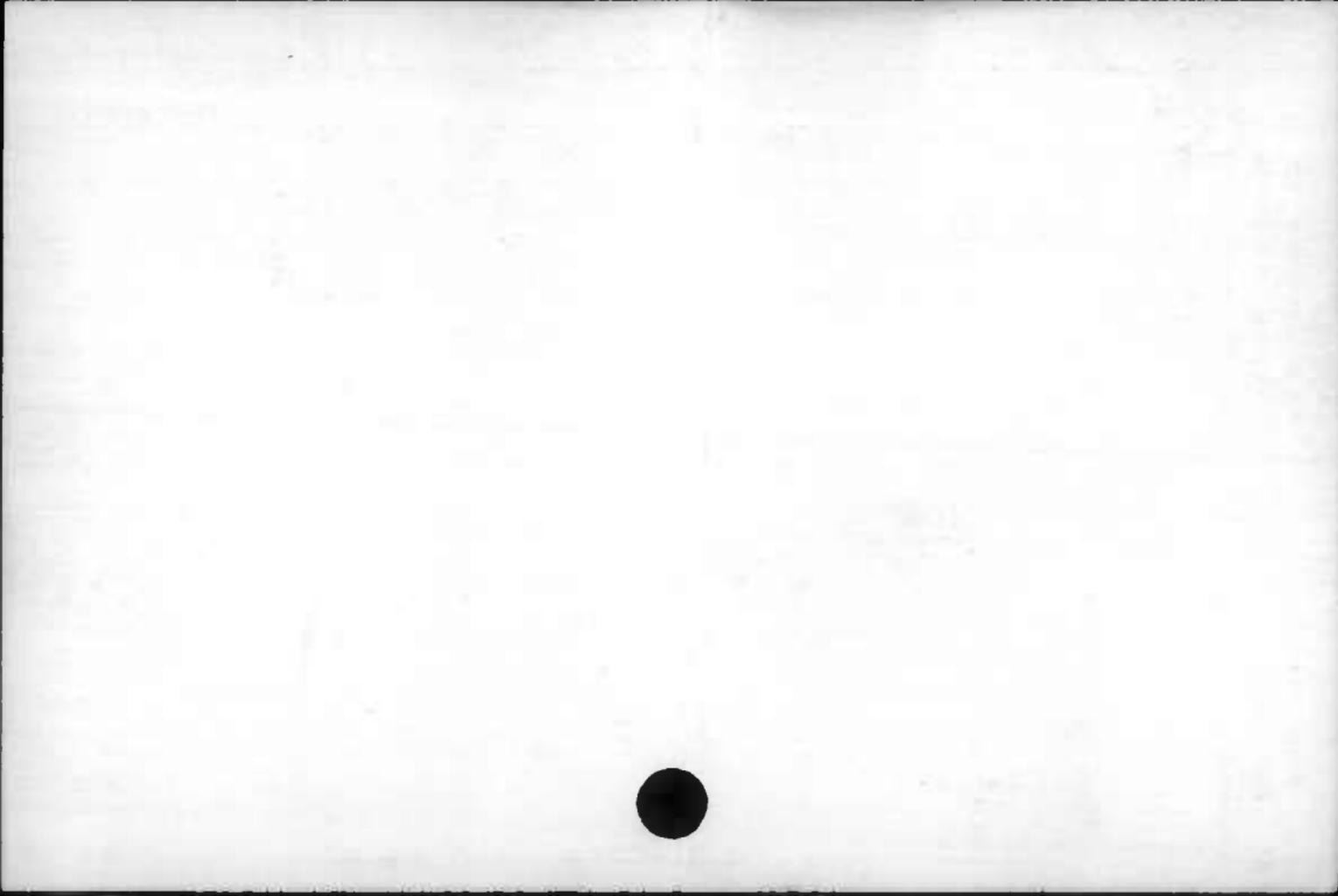
Signature of Physician

E. W. Bradford

Address

Leeland Isd.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Catharine Harvey +
Childs Town Cecile County

CERTIFICATE OF DEATH

MARYLAND

Died at Died Month Day Years Month Days

Date of death 1909 May 3 Age 82

Sex African Color or Race White Birth-place New

Occupation House wife Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband Daniel Harvey

Father's Name Hugh Arthur Father's Birthplace New

Mother's Maiden Name Cathcart Mother's Birthplace ,

Name of person giving Information Mrs Greenfield How related to deceased Daughter

CAUSES OF DEATH

Primary

Interstitial Nephritis

120

How long

2 or 3 years

Immediate

Uraemia

How long

1 month

Are the name, age, sex, color, date and place correctly given above?

Yes

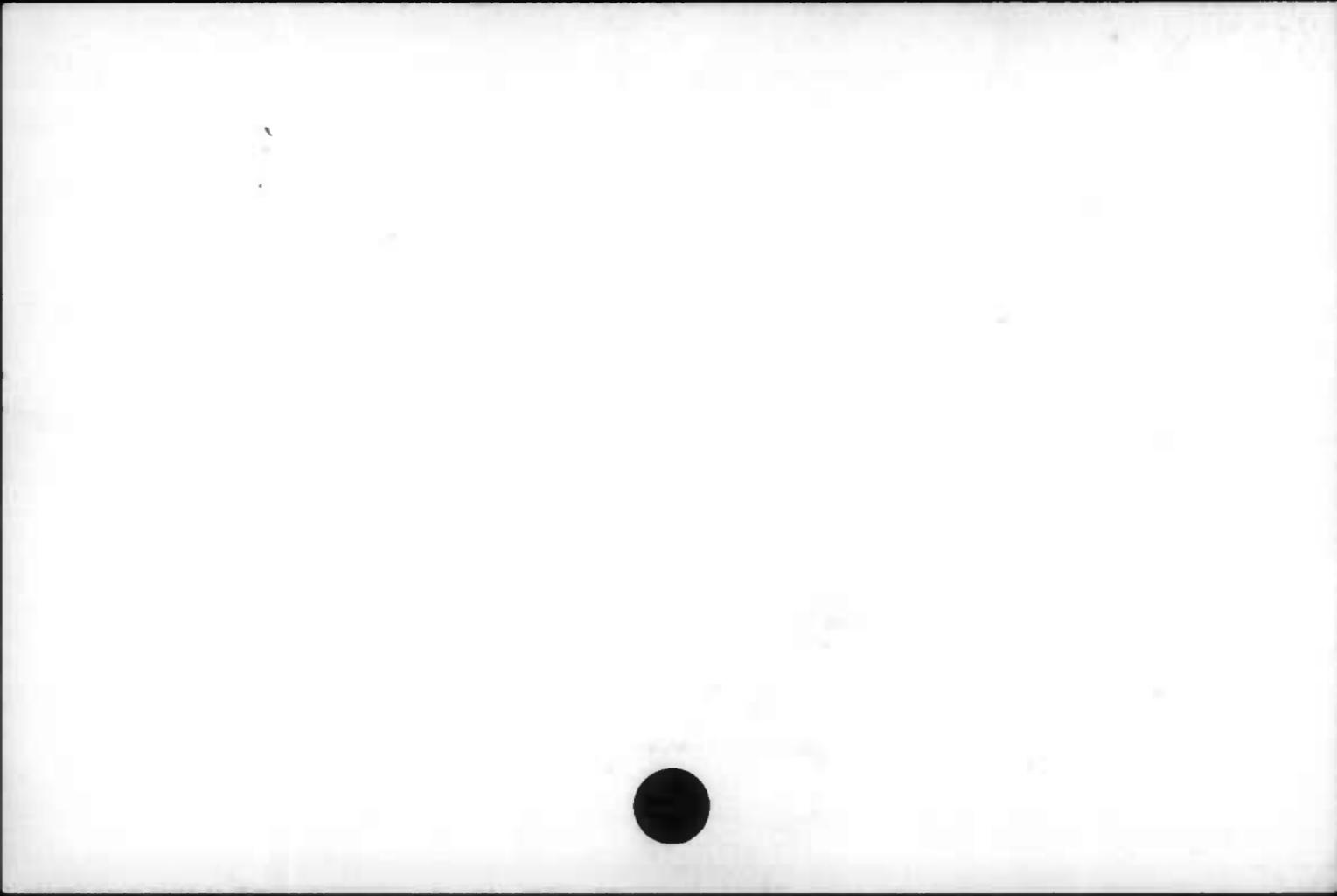
Signature of Physician

Address

Howard Braden

Ecklon Md

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sallie B Hathaway

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Died at	Oakwood	Cecil				
Date of death	1909	Month	Day	Years	Months	Days
Sex	female	Color or Race	white	Age	60	
Occupation	Housekeeper			Where Residing if not at place of death	Wilmington Del	
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Birthplace	Wilmington Del	
Father's Name	Henry Hathaway			Mother's Birthplace	Sierra	
Mother's Maiden Name	Sarah A Mongan			How related to deceased	Sister	
Name of person giving Information	Ella J Atkinson			79	How long	

CAUSES OF DEATH

Primary

Rheumatism

79

How long

Many years

Immediate

Valvular Heart Disease

Two weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. A. Peaplast,
Peters Creek Pa.

Accident or Suicide



Name
in
Full

William Henry Johnson

CERTIFICATE OF DEATH

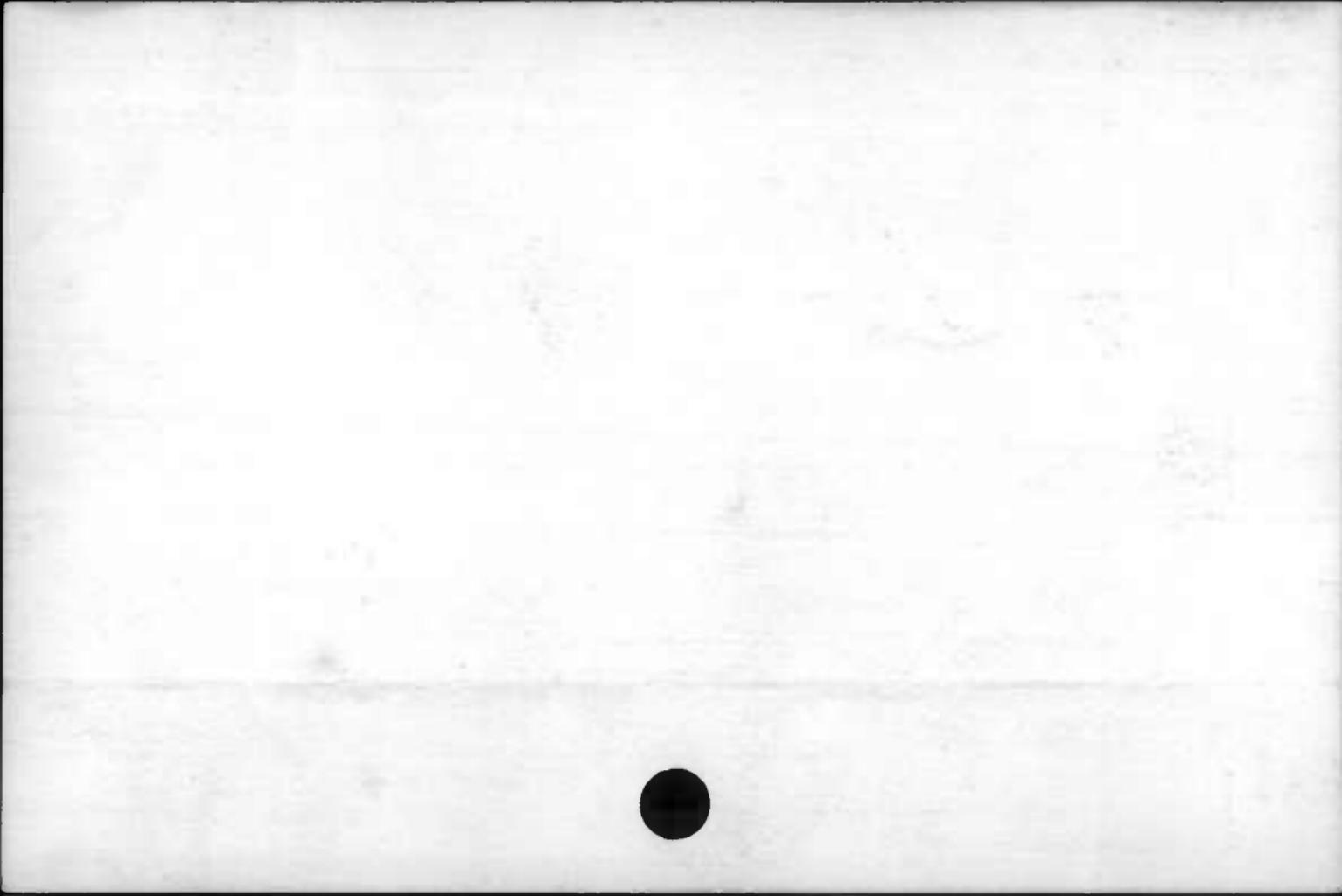
TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND		
Died at Carpenter Point	Rene			
Date of death 1909	Month May	Day 15	Years About 60	Months
Sex Male	Color or Race Colored	Birth-place Unknown	Days	
Occupation Miner	Where Residing if not at place of death Baltimore			
Married, Single or Widowed Married	Name of Wife or Husband			
Father's Name Unknown	Father's Birthplace Unknown			
Mother's Maiden Name Unknown	Mother's Birthplace Unknown			
Name of person giving Information	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause of Death	How long
Acute Nephritis	Two Days
Immediate Cause of Death	How long
Acute Nephritis of Heart	Two Days
Are the name, age, sex, color, date and place correctly given above ?	Signature of Physician
Don't know	Address
Accident or Suicide	



Name
in
Full

Sarah Hazel West

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at Chesapeake City	Del.		
Date of death 1909	Month May	Day 29 th	Years Age
Sex Female	Color of Race	white	
Occupation Infant	Where Residing if not at place of death Chesapeake City Del.		
Married, Single or Widowed —	Name of Wife or Husband —		
Father's Name Edward West	Father's Birthplace Cecil Co		
Mother's Maiden Name Jessie Lorraine	Mother's Birthplace Chesapeake City		
Name of person giving Information George Lorraine	How related to deceased Father Grand		

CAUSES OF DEATH

152

How long

Two days

How long

Primary

Infection of meninges

Immediate

Septic infection (Toxemic)

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

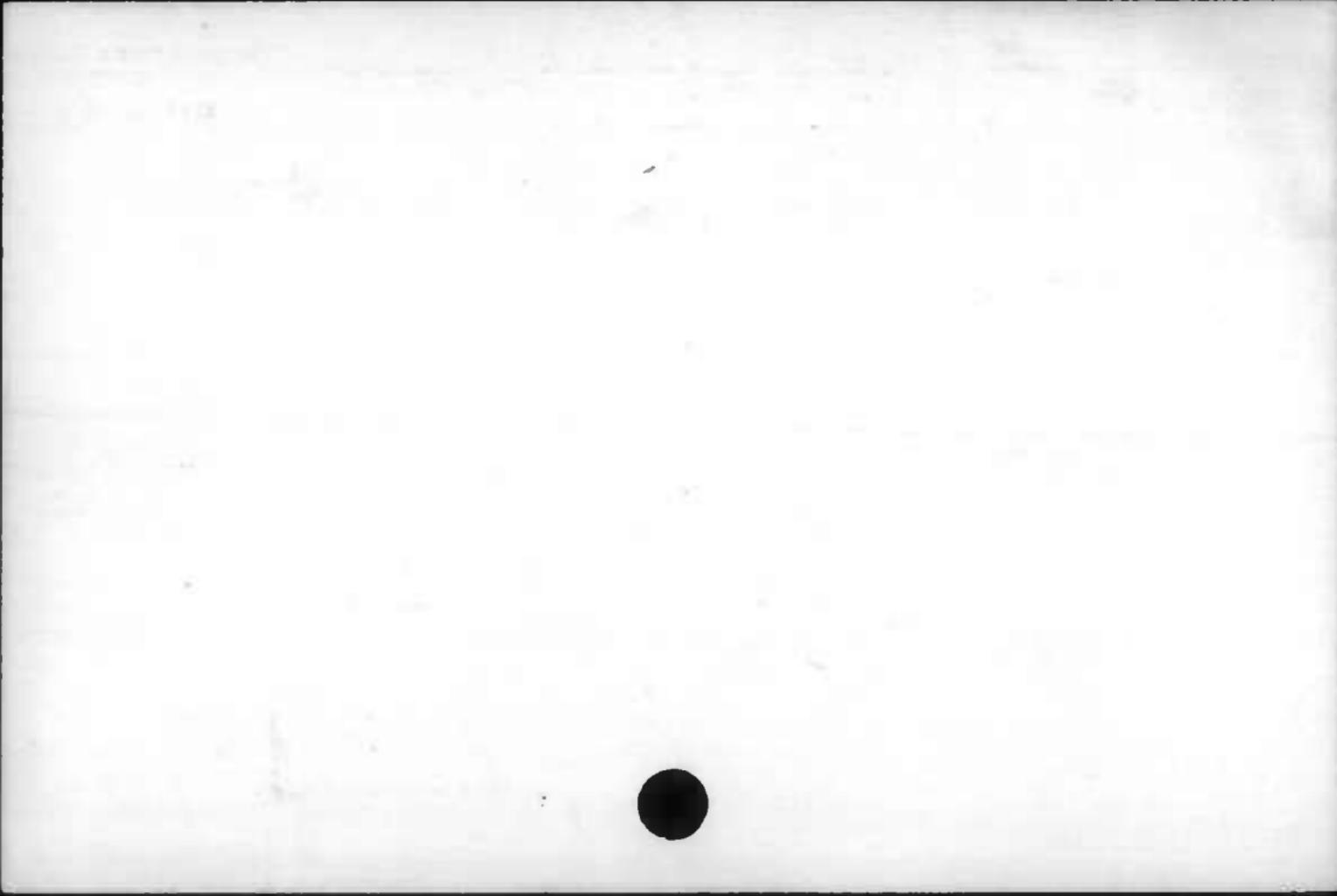
Address

Yes

J. Jackson Conroy
Chesapeake City
Maryland

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Pacanawich D. B. Kirkpatrick

CERTIFICATE OF DEATH

Town

County

Died at

Month

Day

Years

Months

Days

Date
of death 1909

Aug 31st

Age

Sex Female

Color or
Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

Pneumonia with heart
disease

8

How long

Immediate

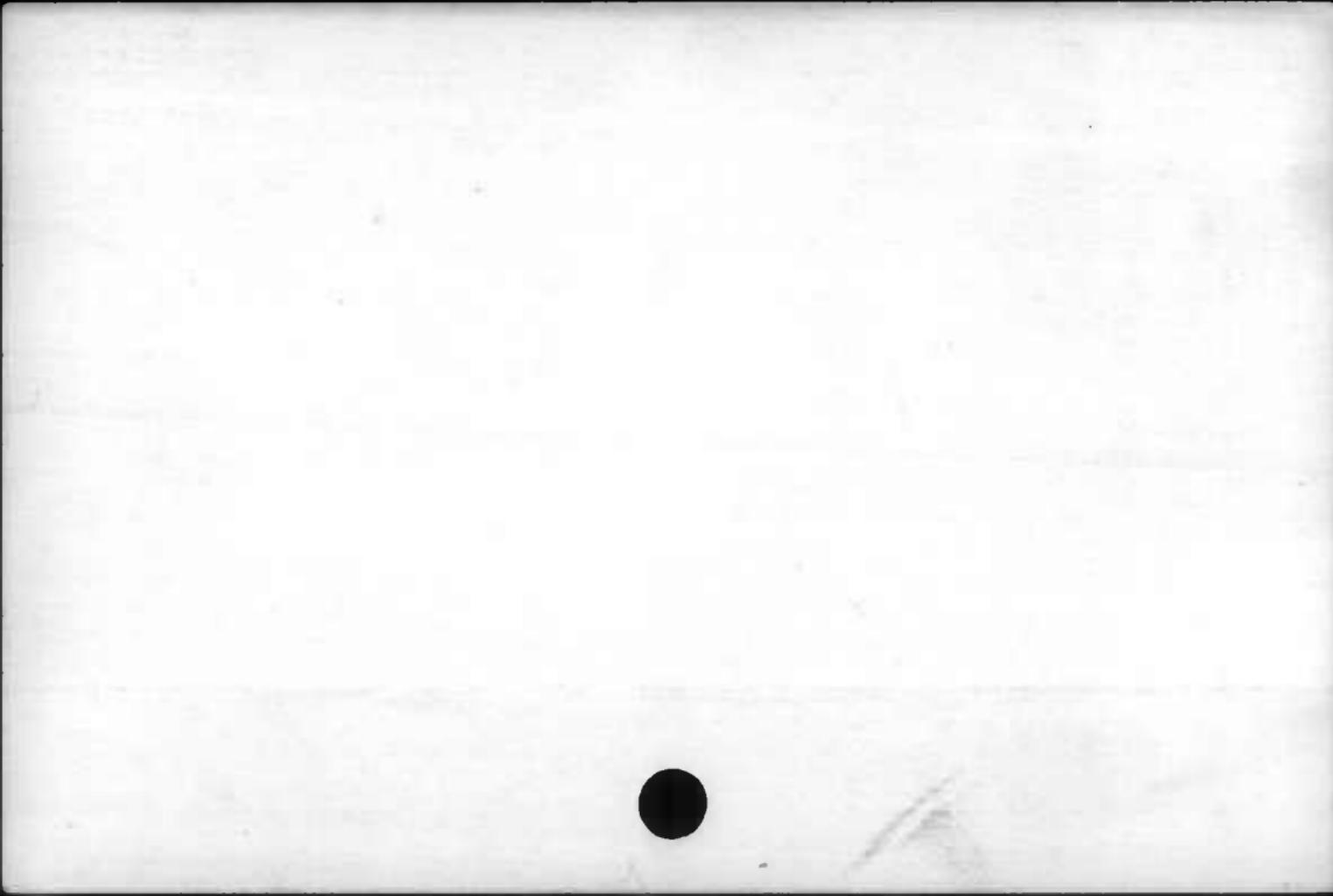
How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide



Name
in
Full

Silas J. Lowry

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Rock Springs		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1909	May	19	67	2	23		
Sex	male	Color or Race	white	Birth-place	Harford Co Md		
Occupation	Farmer						
Where Residing if not at place of death	Rock Springs Md						
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah E. J. Lowry				
Father's Name	Joshua Lowry					Father's Birthplace	Becil Co Md
Mother's Maiden Name	Sarah Ailes					Mother's Birthplace	Becil Co. Md
Name of person giving information	wife Sarah E. J. Lowry					How related to deceased	wife

CAUSES OF DEATH

120

Primary Interstitial Nephritis

How long

12 years

Immediate Bronchitis & Asthma

How long

Several yrs.

Are the name, age, sex, color, date and place correctly given above?

Yes

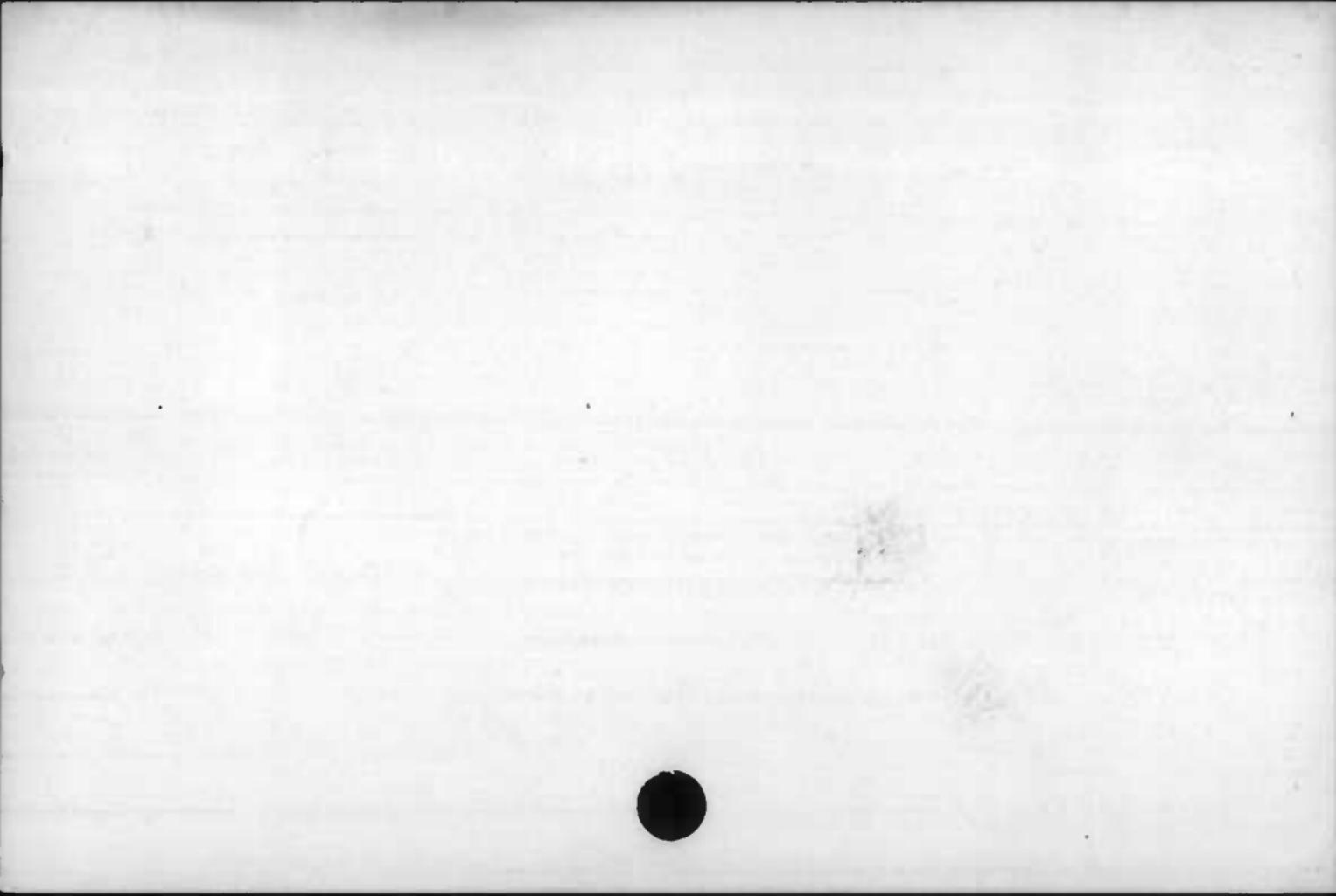
Signature of Physician

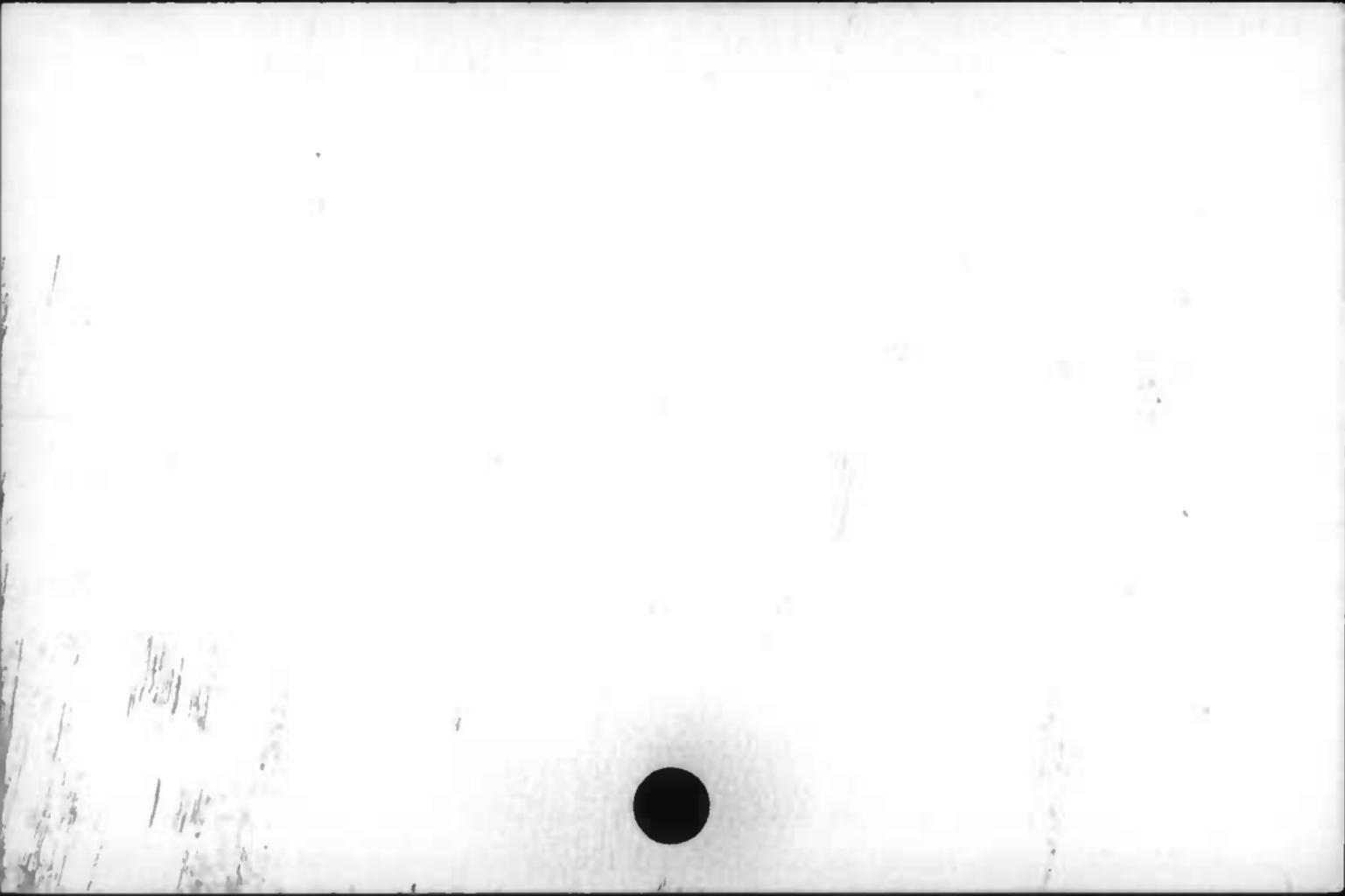
Geo. W. Gillespie

Address

Pleasant-Grove Pa

Accident or Suicide?





Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Wilson Miller

Town

Cherryfield

County

Brevier

CERTIFICATE OF DEATH

MARYLAND

Days

Died at

Date

of death 190

Month

May

Day

8

Years

78

Months

6

Age

Sex

Occupation

Color or
Race

white

Birth-
place

Maryland

male
Carpenter

Where Residing if not
at place of death

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Mary Miller

Father's
Name

Thos. Miller

Father's
Birthplace

unknown

Mother's
Maiden Name

Annie Singers

Mother's
Birthplace

Maryland

Name of person giving
Information

Mrs Annie Ashurst

How related
to deceased

daughter

CAUSES OF DEATH

Primary

Paralysis
Coma

(66)

Immediate

How long

15 mos

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

O. J. Corrino M.D.
Cherryfield
Md.

Accident or Suicide

236



Name
in
Full

Katherine Moran

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Port Deposit	Cecil			
Date of death	Month	Day	Years	Months	Days
1909	May	18	Age 80	-	-
Sex	Female	Color or Race	White	Birth-place	Baltimore
Occupation	House Work		Where Residing if not at place of death	Port Deposit	
Married, Single or Widowed	Widow	Name of Wife or Husband	Samuel Moran		
Father's Name	Lawrence Macintosh		Father's Birthplace	Ireland	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving information	Katherine Graldi		How related to deceased	Daughter	

CAUSES OF DEATH

154

How long

PHYSICIAN
OR CORONER

Primary

Immediate

General Debility

How long

Some Months

Are the name, age, sex, color, date and place correctly given above?

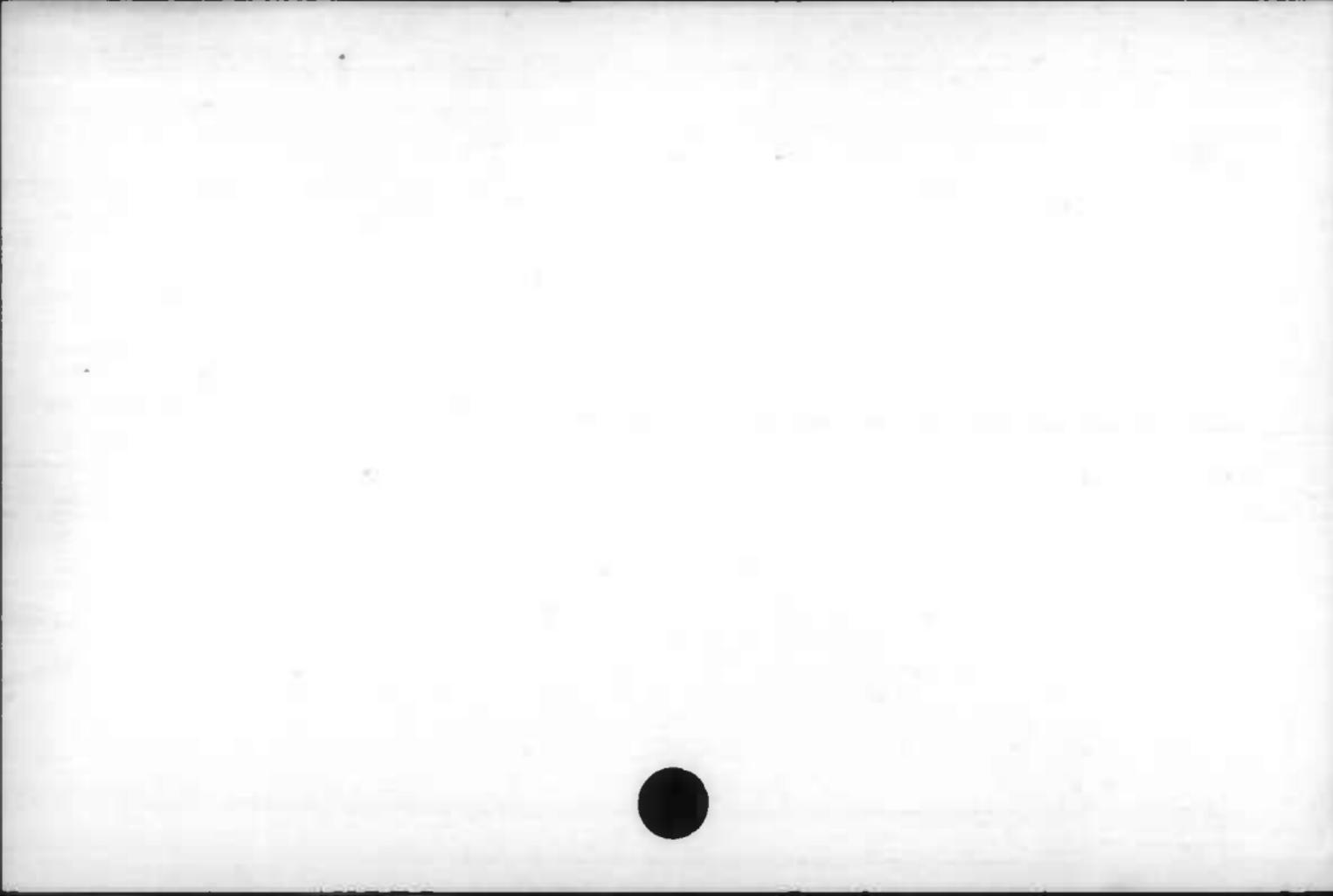
Signature of Physician

H.R. Garrison, M.D., Regis-

Address

No physician in attendance

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Willard Norris

+

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Elk Mills

County

Cecil

Date
of death

Month

Day

1909 May 2

Years

2

Months

4

Days

Sex

Color or
Race

Age

white

Birth-
place

Maryland

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

J. L. Norris

Father's
Birthplace

Delaware

Mother's
Maiden Name

Clara Townsend

Mother's
Birthplace

Penna

Name of person giving
Information

J. L. Norris

How related
to deceased

Father

CAUSES OF DEATH

Primary

Measles
Broncho-Pneumonia

6

How long

2 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

C. J. Parico M.D.
Cherrytree M.D.

Accident or Suicide

het

Name
in
Full

Lucinda Reynolds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Days

Died at near Post-Deposit - Cecil
own County

Date Month Day Year Month Days
of death 1909 5 27 Age 20 2

Sex Female Color or Race White Birth-place Cecil Co

Occupation Housewife Where Residing if not
at place of death

Married, Single or Widowed Single Name of Wife or Husband Cleveland Reynolds

Father's Name Wiley Jackson

Father's Birthplace Cecil Co

Mother's Maiden Name Leora Woodrow

Mother's Birthplace " "

Name of person giving Information Leora Jackson

Relationship to deceased Mother

CAUSES OF DEATH

Primary Acute Tuberculosis (Tubercle) 3 mos

27

How long

How long

Immediate Tubercular Pneumonia 10 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

W. G. Jackson
Liberty Grove
7700.

PHYSICIAN
OR CORONER

Accident or Suicide

No

0170110116

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Accident or Suicide

CERTIFICATE OF DEATH

MARYLAND

Died at Fair Hill Town Herrick County
Date of death 1909 May 3 Month Day
Age 88 Years
Sex Male Color or Race white
Occupation Farmer

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Mary Sentman

Father's
Name

Joseph Sentman

Father's
Birthplace

Penns

Mother's
Maiden Name

Mary Sentman

Mother's
Birthplace

Penns

Name of person giving
Information

Mrs Amanda Thompson

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

La Grippe
Pneumonia

10

How long

5 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

C.P. Corrino M.D.
Cherry Hill,
Md.

-235-

Name
in
Full

R Newton Sentinel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Principio Furnace Town Cecil County

Date Died at Month Day Years Months Dey's
of death 1909 May 12 Age 54 - -

Sex Male Color or Race white

Birth-place Principio Furnace

Occupation Engineer

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Malinda Sentinel

Father's Name

Eli S Sentinel

Father's Birthplace

Mother's Maiden Name

Sophia Jackson

Unknown

Name of person giving
Information

Aderson Sentinel

Mother's Birthplace

Principio Furnace

155

How long

19 hours

How long

Primary

Oremit Copper Smelting

CAUSES OF DEATH

Immediate

Yr.

Signature of
Physician

Address

Dr. W. Hump
Perryville

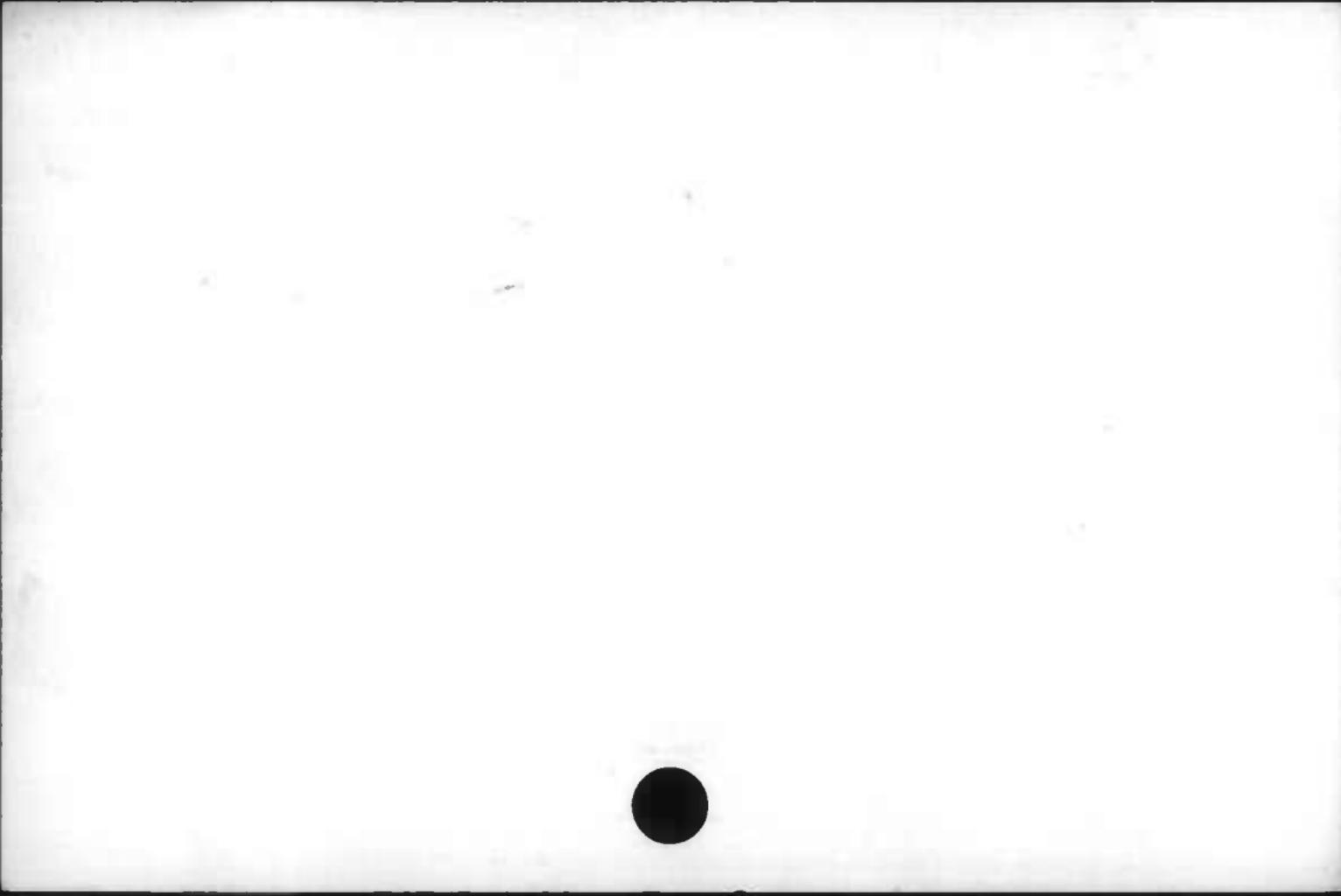
Mo. -

PHYSICIAN
ON CORONER

Are the name, age, sex, color, date
and place correctly given above?

Accident or Suicide

suicide



Name
in
Full

None

Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at **Baltimore** Town **Stewart** County
Cecil

Date of death **1909** Month **May** Day **7** Years

Age Months Days

Sex **Male** Color or Recce **col** Birth-place

Occupation **Baltimore**

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Harris Stewart

Father's Birthplace

andale Co.

Mother's Maiden Name

name Black

Mother's Birthplace

Cecil Co
mother

Name of person giving
Information

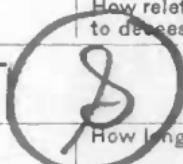
Harris Stewart

How related
to deceased

Primary

Still Birth.

CAUSES OF DEATH



How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

None

Boggy
Creek

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Ralf V. Thanas

Town

County

Died at

Past Deposit

Baltimore

MARYLAND

Month

Day

Years

Month

8

Days

2

Date
of death

1909

Age

May 13

Sex

Made

Color or
Race

Colored

Birth-
place

Past Deposit

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Tuesday Thanas

Father's
Birthplace

Han Co

Mother's
Maiden Name

Salla Flock Battan

Mother's
Birthplace

Han Co

Name of person giving
Information

Tuesday Thanas

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia
Heart failure

93

How long

3 weeks

Immediate

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

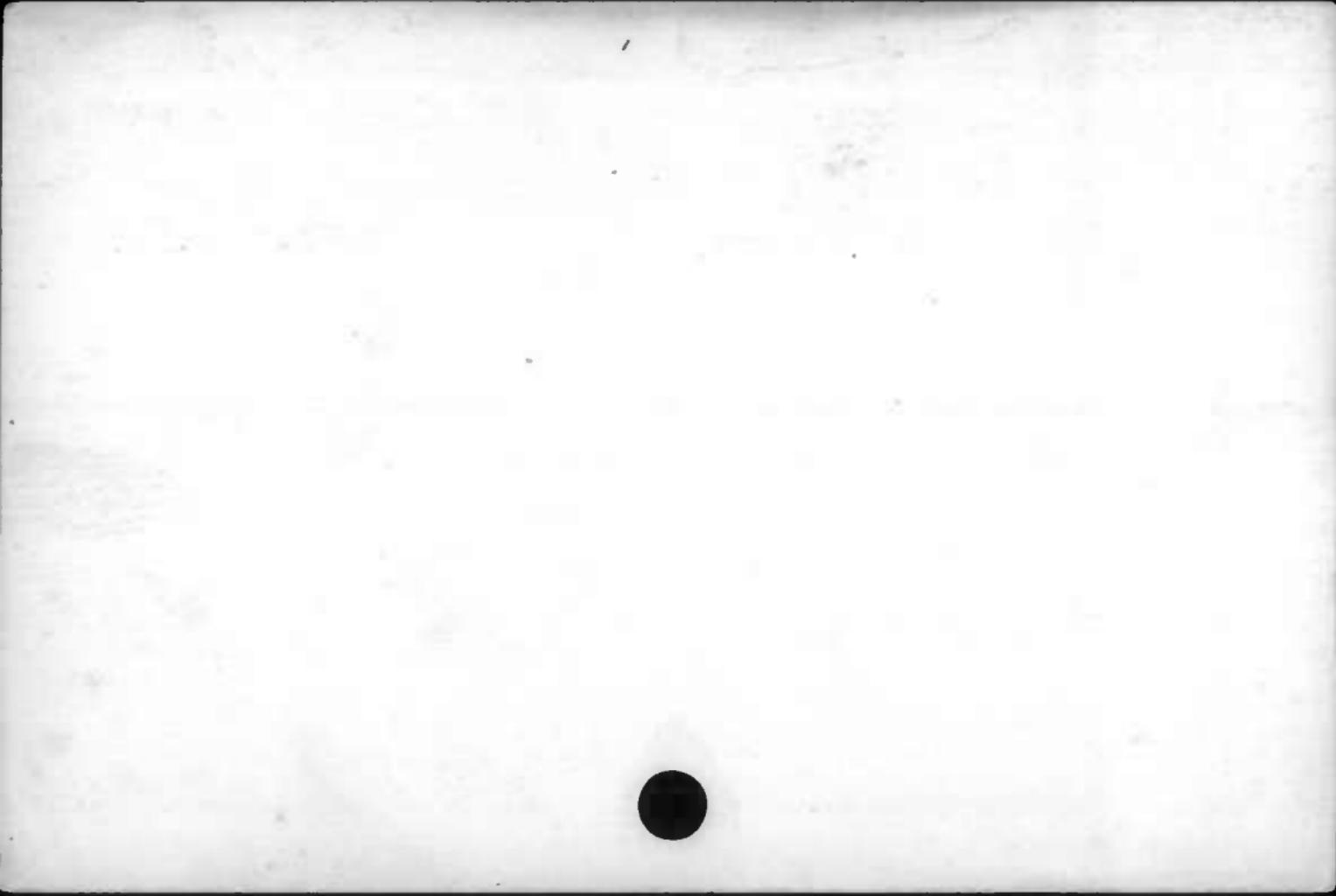
Signature of
Physician

Address

A. G. J. & L.
Lester & Groves
111

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Walter Todd
Town: Shady Hospital Elkm County
Died at: Month: Day: Years:
Date of death: 1909 5 31 Age: 31 Months: Days:
Sex: Male Color or Race: White Birth-place: Fair Hill Md
Occupation: Labourer Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Rachel Todd

Father's Name: Unknown Father's Birthplace: Unknown

Mother's Maiden Name: Mary Todd Mother's Birthplace: Maryland
Name of person giving Information: Mary Todd Mother

Primary

Killed by falling Gravel 166 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician
Address

Franck Frazer
Exton

Accident or Suicide: Accident

CERTIFICATE OF DEATH

MARYLAND

Days

238

Name
in
Full

Malvern H Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Elk Neck		Town Cecil		County MARYLAND	
Date of death 1909	Month May	Day 22	Age 45	Months	Days
Sex Male	Color or Race white	Birth-place Glwood M			
Occupation Taxidermit	Where Residing if not at place of death				
Married, Single or Widowed married	Name of Wife or Husband Bertie M wood				
Father's Name W wood	Father's Birthplace Baltimore				
Mother's Maiden Name Amy A Smart	Mother's Birthplace England				
Name of person giving Information Bertie M wood	How related to deceased wife				

CAUSES OF DEATH

27

Primary

Malaria T.B.

How long

weak

Immediate

Thick

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

L F Hamnick
North East
Md

PHYSICIAN
OR CORONER

Accident or Suicide

Boats